

Sexual Health and Cancer Dimensions in Oncology

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DISCLOSURE

- I have no financial disclosure or conflicts of interest with the presented material in this presentation.



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OBJECTIVES

- Identify specific sexual health concerns and types of sexual dysfunction
- Review safety considerations for having sex during cancer treatment
- Summarize changes in sexual health and intimacy impacted by cancer and its associated treatment
- Discuss helpful products and resources

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SEXUAL HEALTH

- "Sexual health is a state of emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence".

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TERMINOLOGY

- **Sex:** a label assigned at birth typically based on genital organs; the act of intercourse with a partner or partners
- **Sexual intercourse:** sexual activity involving penetration or genital contact
- **Gender identity:** how someone views their own gender, this may not match the sex assigned at birth
- **Sexual identity:** the understanding of your own sex, gender identity, sexual orientation, and sexual expression
- **Sexual orientation:** what gender(s) a person is sexually or romantically attracted to
- **Sexuality:** shaped by one's sex, gender identity, sexual orientation, and sexual interests and behaviors

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CASE STUDY

- Sam is a 53-year-old G0 P0 postmenopausal female with a history of invasive ductal carcinoma, ER+, PR+, Her2- of the LEFT breast. Now s/p LEFT breast lumpectomy and post lumpectomy radiation. Currently on adjuvant endocrine therapy with Anastrozole 1mg po daily, started 09/2022. She presents today for a sexual health consult with concerns of vaginal dryness, pain with intercourse, and decreased libido.
- Past medical history: breast cancer, hypothyroidism
- Social history: reports a h/o sexual trauma involving forced oral sex that was never reported
- Medications:
 - Anastrozole 1 mg po daily
 - HCTZ 12.5mg po daily
 - Synthroid 50mcg po daily
 - Vitamin D3 2,000IUs po daily
- Female Sexual Function Index score = 22

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LET'S TALK ABOUT SEX

- More than 50% of women treated for breast, genitourinary, and gynecologic cancers report long-term changes that negatively impact sexual function
- An estimated 45% of women with a history of breast, gynecologic, and rectal cancers who received radiation therapy report pain with intercourse
- Physical sexual side effects resulting from cancer treatment may be temporary or permanent
- Emotional impact of changes to sexual health is a real concern
- Oncology providers do not consistently activate conversations with patients about their sexual health concerns

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SEXUAL FUNCTION

- Excitement and arousal
 - Increased heart rate and rate of breathing
 - Skin flushing
 - Breasts feel fuller and nipples may become erect
 - Increased blood flow to the genitals
 - Lubrication
 - Vaginal canal lengthens and dilates
- Plateau
 - Increased intensity of excitement
- Orgasm
 - Climax – sexual tension is released in waves of rhythmic muscle spasm
- Resolution
 - The body returns to a baseline level of functioning

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SEXUAL FUNCTION

Promoters of Sexual Function

- Estradiol
- Testosterone
- Oxytocin
- Dopamine
- Melanocortin
- Vasopressin
- Intimacy
- Positive experience(s)

Inhibitors of Sexual Function

- Serotonin
- Endocannabinoids
- Prolactin
- Opioids
- Interpersonal conflict
- Stress
- Negative experience(s)
- History of sexual trauma

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TYPES OF SEX

- Vaginal sex: penis in vagina; can also be described as penetrative intercourse
- Oral sex: mouth to genital contact
- Anal sex: penis in the anal opening or butt
- Fingering or hand job: hand to genital contact
- Masturbation: touching yourself; also referred to as self-sex

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THE CANCER EFFECT ON SEXUAL HEALTH

- Physical
 - Fatigue, changes in sensation, changes in body integrity (scarring), pain, changes in nerve and blood supply, lymphedema (swelling), and changes in bowel and bladder function
- Mental
 - Stress, fear of recurrence, financial concerns, impaired sleep, altered or changed body image, depression, anxiety
- Emotional
 - Changes in intimacy, relationship discord, impaired interpersonal communication, intimacy avoidance

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CAN I HAVE SEX DURING CANCER TREATMENT?

- YES; however, certain safety precautions are recommended
 - Prevent partner exposure to chemotherapy in bodily fluids
 - Prevent unintended pregnancy during cancer treatment
 - Minimize the risk of infection
- Certain medications can be found in bodily fluids and may take an average of 72 hours to be excreted from the body
- Recommend using a barrier method during this time to **prevent exposure** to partner(s) and **minimize the risk of infection**
- It is important to **prevent pregnancy** during cancer treatment. Recommend an appropriate contraceptive method.
 - Barrier method – male or female condom
 - Hormonal options for contraception*
 - Non-hormonal birth control for hormone-sensitive cancers

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SEXUAL DYSFUNCTION

- Vaginal dryness
- Pain with sex
- Decreased arousal
- Decreased libido or sexual desire
- Decreased or inability to orgasm
- Erectile dysfunction

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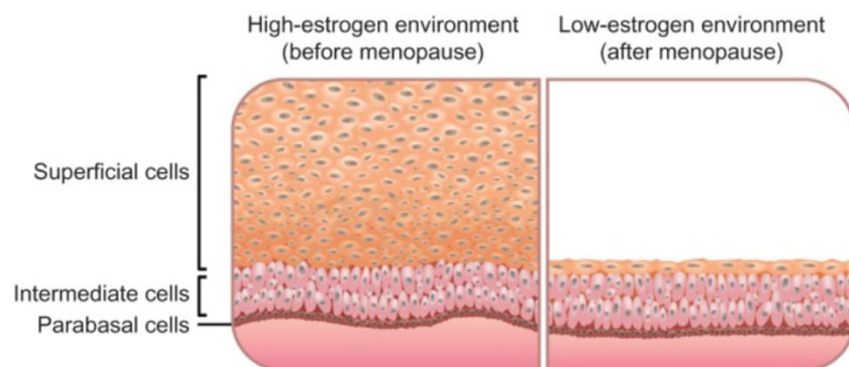
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ROUTINE SCREENING FOR SEXUAL HEALTH CONCERNS

- ASCO, APSHO, and NCCN recommend routine screening for sexual health concerns
- Recommend use of open-ended questions or consider more specific questions:
 - Do you have any concerns about your sexual health?
 - Are you currently sexually active?
 - Are you having any pain with sexual activity?
 - Are you feeling any change or decrease in your sexual desire?
 - Are you concerned about your ability to achieve orgasm or erection?
- Review patients' past medical history for any underlying contributing medical conditions
- Review patients' medication list for any drugs that can affect sexual response and contribute to sexual dysfunction
 - Anti-hypertensive medications
 - Anti-depressant medications
 - Hormone-based contraceptive medications
 - Endocrine therapy medications

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VAGINAL DRYNESS



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TREATMENT OF VAGINAL DRYNESS

- Avoid vaginal irritants and minimize any unnecessary lotions and potions
- First line therapy: non-hormonal options
 - Exclude other contributing factors, this may involve a pelvic exam to assess the vaginal tissue
 - Vaginal moisturizers (see next slide)
 - Oil-based lubricants
 - Hyaluronic acid
- Second line therapy: hormonal options
 - Vaginal dehydroepiandrosterone (DHEA)
 - Vaginal estrogen*
 - Recommend to trial non-hormone therapy options first
 - Avoid use with aromatase inhibitor drugs such as Letrozole, Anastrozole, or Exemestane due to potential for increased risk of breast cancer disease recurrence
 - Ospemifene*
- Fractionated vaginal laser therapy
- Intravaginal oxytocin gel*

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LUBRICANTS AND VAGINAL MOISTURIZERS

Lubricants

- Increase moisture in the vagina
- Can be used as a daily moisturizer and/or during sex
- Recommend application to both yourself and your partner
- Types of lubricants:
 - Water or aloe based
 - Oil based
 - Silicone based

Vaginal Moisturizers

- Increase moisture in the vagina and may increase comfort with sex, but do not improve the thinness of vaginal tissue
- Hyaluronic acid derivatives
 - Hyalo-Gyn
 - Revaree
 - Good Clean Love BioNourish

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TYPES OF LUBRICANTS

Water or aloe-based	Silicone-based	Oil-based
<ul style="list-style-type: none"> Mimics natural body fluids Absorbed quickly Less messy Best used at the time of sexual activity Can help with insertional discomfort often caused by vaginal dryness or stenosis 	<ul style="list-style-type: none"> Longer lasting Waterproof Best if used for the duration of intercourse Can help with discomfort associated with deeper penetration Can also be used as a moisturizer May interact with silicone toys 	<ul style="list-style-type: none"> Longer lasting Best if used for duration of intercourse Can help with discomfort associated with deeper penetration Can also be used as a moisturizer Avoid use with latex condoms
<ul style="list-style-type: none"> Aloe Cadabra Good Clean Love Almost Naked Sliquid Pink Sutil Ah Yes! Coconu water-based Astroglide Natural 	<ul style="list-style-type: none"> Pink Silicone Uberlube Sensuva Sliquid Silver Silicone Gun Oil Silicone Pjur 	<ul style="list-style-type: none"> Organic coconut oil Olive oil Coconu oil-based Southern Butter The Butters Sliquid Soul

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PAIN WITH SEX

- Address underlying contributing factors
 - Referral to gynecology, urology, or urogynecology provider for a physical exam
 - Practice pelvic hygiene practices: avoid vaginal irritants, increase skin exposure, wear cotton underwear, avoid thong underwear, refrain from douching
- Treat vaginal dryness caused by estrogen deficiency
 - Lubricants and vaginal moisturizers
- Vaginal estrogen* or vaginal DHEA
- Lidocaine viscous 2% intravaginal for persistent introital pain
- Connect with a pelvic floor physical therapist
 - Vaginal dilators
- Optimize physical arousal and desire through structured foreplay
- Consider different position changes
- Fractionated vaginal laser therapy*
- Bumpers
- Othercourse

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DECREASED AROUSAL

- Decrease in the body's physical response to stimuli commonly associated with sexual excitement
 - Spontaneous
 - Responsive
- Contributing factors
 - Biological
 - Psychological
 - Interpersonal
 - Sociocultural

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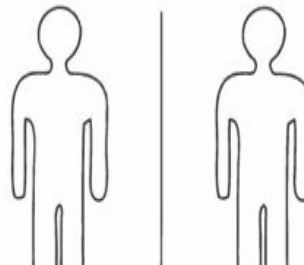
TREATMENT OF DECREASED AROUSAL

Physical changes in the body

- Refrain from participating in repeat sexual encounters associated with pain
- Participate in routine physical exercise
- Get plenty of restful sleep; reserve the bedroom for only sleep and sex
- Reduce daily stressors
- Schedule intimate time with your partner(s)
- Complete a Foreplay Map to identify erogenous zones on the body
- Participate in and structure adequate time for foreplay
- Make use of toys, clitoral stimulators, or vibrators
- Sensate focus therapy

Foreplay Map

Print four copies of this map—two for you, two for your partner. Write your name on one sheet and your partner's on the other. Think about what gets you in the mood. On your sheet, label body parts in the order you like to be touched. On the other sheet, label areas in the order you like to touch your partner. Have your partner do the same and compare the results!



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DECREASED LIBIDO OR SEXUAL DESIRE

Decreased emotional and/or mental interest in sex

- Much like arousal, libido or sexual desire, is often impacted by the following contributing factors:
 - Biological
 - Psychological
 - Interpersonal
 - Sociocultural
- Hypoactive sexual desire disorder (HSDD) is the lack or loss of motivation to participate in sexual activity due to:
 - Absent or decreased sexual desire
 - Decreased responsive sexual desire
 - Inability to maintain sexual desire or interest through sexual activity
- To be classified as HSDD, must have occurred for six months or more and cause distress
- Often greatly impacts a person's quality of life

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TREATMENT OF DECREASED LIBIDO OR SEXUAL DESIRE

- Address modifiable contributing factors:
 - Unmanaged pain
 - Achieve a healthy body weight
 - Participate in routine physical exercise at least 30 minutes daily, 5-days per week
 - Practice sleep hygiene
- Identify and manage relationship factors through office-based counseling
- Participate in sex therapy, especially with a history of sexual trauma
- Clinical hypnosis
- Prescribed medications
 - Bupropion (Wellbutrin): inhibitor of norepinephrine and dopamine uptake
 - Buspirone (Buspar): a serotonin 5HT1A agonist and 5HT2A antagonist
 - Bremelanotide (Vyleesi): melanocortin receptor agonist
 - Sildenafil (Viagra): PDE5-inhibitor
 - Flibanserin (Addyi): a serotonin 5HT1A agonist and 5HT2A antagonist
 - Transdermal testosterone*

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TREATMENT OF DECREASED OR INABILITY TO ORGASM

Patients with a penis (male)

- Sildenafil (Viagra): PDE5-inhibitor
- Vacuum erectile device
- Intracavernosal injection
- Surgical intervention with penile prosthesis implantation
- Refer for psychosocial counseling
- Manage vasomotor symptoms

Patients with a vagina (female)

- Perform blood tests and urinalysis
- Review PMH and medication use
- Participate in sex therapy
- Directed self sex
- Sensate focused exercises
- Clitoral vibrators
- Sildenafil (Viagra): PDE5-inhibitor
- Intranasal oxytocin*
- Topical vasodilators in a compound cream consisting of 2% theophylline, 0.3% isosorbide dinitrate, and 0.065% co-dergocrine mesylate aka "scream cream"

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 - Vitamin D3 2,000IUs po daily
- **Vaginal dryness: non-HT routine vaginal moisturizer with coconut oil applied daily + hyaluronic acid derivative applied intravaginally daily x2 weeks, then 2-3x weekly as indicated**
- **Pain with sex and h/o trauma: Referral for psychosocial therapy**
- **Pain with sex: Referral to a pelvic floor PT**
- **Decreased libido: Rx for Wellbutrin 150mg po daily**

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REFERENCES

- Carter, J., Lacchetti, C., & Rowland, J. H. (2017). Interventions to address sexual health problems in people with cancer: American Society of Clinical Oncology Clinical practice guideline adaptation summary. *Journal of Oncology Practice*, 14(3), 173-179. doi: 10.1200/JOP.2017.028134
- Carter, J. et al., (2018). Interventions to address sexual problems in people with cancer: American Society of Clinical Oncology Clinical Practice Guideline Adaptation of cancer care Ontario Guideline. *Journal of Clinical Oncology*, 36(5), 492-511. <https://doi.org/10.1200/JCO.2017.75.8995>
- Centers for Disease Control and Prevention. (2019). *Sexual health*. Retrieved from <https://www.cdc.gov/sexualhealth/Default.html>
- Clayton, A. H., Goldstein, I., Kim, N. N., Althof, S. E., Faubion, S. S., Faght, B. M., & Davis, S. R. (2018, March). The International Society for the Study of Women's Sexual Health process of care management for hypoactive sexual desire disorder in women. *In Mayo Clinic Proceedings, Elsevier*, 93(4), 467-487. <https://doi.org/10.1016/j.mayocp.2016.09.018>
- Cold, S., Cold, F., Jensen, M-B., Cronin-Fenton, D., Christiansen, P., & Ejlersen, B. (2022). Systemic or vaginal hormone therapy after early breast cancer: A Danish observational cohort study. *Journal of the National Cancer Institute*, 114(10), 1347-1354. <https://doi.org/10.1093/jnci/djac112>
- Doyle, C. (2020). *Sexual health: An issue for many cancer survivors of cancer*. Retrieved from <https://ascopost.com/issues/december-25-2020/sexual-health-an-issue-for-many-survivors-of-cancer/>
- Falk, S. J., & Dizon, D. S. (2020). Sexual health issues in cancer survivors. *Seminars in Oncology Nursing*, 36(2020), 150981. <https://doi.org/10.1016/j.soncn.2019.150981>
- Kelvin, J. F., Steed, R., & Jarrett, J. (2014). Discussing safe sexual practices during cancer treatment. *Clinical Journal of Oncology Nursing*, 18(4), 449-453. doi: 10.1188/14.CJON.449-453
- Marchand, E. (2021). Psychological and behavioral treatment of female orgasmic disorder. *Sexual Medicine Reviews*, 9(2), 194-211. doi: 10.1016/j.sxmr.2020.07.007
- Memorial Sloan Kettering Cancer Center. (2022, October 24). *Sex and your cancer treatment*. Retrieved from <https://www.mskcc.org/cancer-care/patient-education/sex-cancer-treatment>
- Planned Parenthood. (2022). *Glossary of sexual health terms*. Retrieved from <https://www.plannedparenthood.org/learn/glossary>
- Reiter, S. (2013). Barriers to effective treatment of vaginal atrophy with local estrogen therapy. *International Journal of General Medicine*, 6, 153-158. <http://dx.doi.org/10.2147/IJGM.S43192>
- Schover, L.R. (2018). Sexual quality of life in men and women after cancer. *Climacteric*, 22(6), 553-57. doi: <https://doi.org/10.1080/13697137.2018.1526893>

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